



Massachusetts Department of Transitional Assistance
Application for Funeral and Final Disposition Benefit

The Department may pay a licensed funeral establishment up to \$1,100 of the outstanding balance of funeral and final disposition expenses if the total cost and expense does not exceed \$3,500.

This application must be completed by the deceased person's surviving kin or their authorized legal representative. If there is no surviving kin or authorized representative, this application may be completed by a licensed funeral establishment.

A copy of the *signed* funeral services contract and/or itemized statement must be submitted with this application.

Return this form by mail to: Department of Transitional Assistance
P.O. Box 4406
Taunton, MA 02780-9975
Or by fax to: (617) 887-8765

Section I:

Deceased Person's Name _____
First Middle Last

Address _____
Street City ZIP

SSN _____ Date of Birth _____ Date of Death _____

Gender ☐ Male ☐ Female

Marital Status ☐ Never Married ☐ Married (Name of Spouse) _____
☐ Divorced ☐ Widowed

Applicant's Name

First Middle Last Relationship

Address _____
Street City ZIP Telephone

Applicant's Email Address _____

☐ Check here if there is no surviving kin or duly authorized legal representative.

Was the deceased person receiving the following benefits at the time of death? Check all that apply:

TAFDC ☐ Yes ☐ No SSI/SSP ☐ Yes ☐ No
SNAP ☐ Yes ☐ No EAEDC ☐ Yes ☐ No

Does the deceased have a pre-paid burial plot or funeral trust account? ☐ No ☐ Yes

Asset Value: \$ _____

Is the deceased person eligible for a government death benefit, e.g. Veteran's or Social Security? ☐ No ☐ Yes Value: \$ _____

Did the deceased person or their spouse have any of the following assets at the time of death?

Personal Needs Account(s) ☐ No ☐ Yes Value: \$ _____

Cash ☐ No ☐ Yes Value: \$ _____ Bank Account(s) ☐ No ☐ Yes Value: \$ _____

Other Assets ☐ No ☐ Yes Value: \$ _____ Other Asset Type _____

Life insurance policy? ☐ No ☐ Yes Value: \$ _____

If Yes, provide name of insurance company and policy number:

Section II (TO BE COMPLETED BY LICENSED FUNERAL ESTABLISHMENT):

Name of Licensed Funeral Establishment:

License No.: _____

Address _____
Street City ZIP Telephone

Email Address _____

Is there a pre-need funeral services contract that controls the nature of the goods and services to be provided?

☐ No ☐ Yes \$ _____

Has/Will the licensed funeral establishment advance(d) monies to the surviving kin or authorized representative making funeral arrangements?

☐ No ☐ Yes \$ _____

CERTIFICATION

To be signed by funeral establishment and surviving kin or duly authorized representative, if applicable.

- I have attached a true and accurate copy of supporting documentation, including but not limited to, funeral services contract, death certificate, and itemized bills, statements, and invoices reflecting all funeral and final disposition services provided or services that will be provided, receipts, pre-need funeral services contract, life insurance policy, and bank statements.
- I certify, under penalty of perjury, that the information, including the information contained in any supporting documentation, I have given in connection with this *Application for Funeral and Final Disposition Benefit* is true and accurate to the best of my knowledge.
- I understand the Department may recover from the estate of the deceased person any funeral and final disposition benefit paid.

SURVIVING KIN OR DULY AUTHORIZED REPRESENTATIVE:

Printed Name of Applicant

Signature of Applicant Date

LICENSED FUNERAL ESTABLISHMENT:

Printed Name of Authorized Official Title

Signature of Authorized Official Date